FORM 4

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol							6. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
RIDER C. ANTHONY	ASTRONICS CORPORATION (ATRO)							Director			10% Owner			
RIDER C. ARTHORT	ASTRONICS CORI ORATION (ATRO)						X	Officer (give title below)			Other (specify below)			
(Last) (First) (Middle) 1801 Elmwood Avenue	3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)			4. Statement for Month/Day/Year January 27, 2003				7. Individual or Joint/Group Filing (Check Applicable Line)						
				5. If Amendment, Date of Original (Month/Day/Year)				Form filed by One Reporting Person						
(Street)								Form filed by !	Form filed by More than One Reporting Person					
Buffalo, NY 14207														
(City) (State) (Zip)	Table I ¼ Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3)	2. Trans- action Deemed Execution Date, if any			ion de str.8)	4. Securities Acq or Disposed of (Instr. 3, 4 and	(D)	0)			5. Amount of Securities Beneficially Owned Following	6. Owner- ship Form: Direct (D) or	7. Nature of Indirect Beneficial Owner- ship		
	(Month/ Day/ Year)	(Month/ Day/ Year)	Co	de V	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	(Instr. 4)			
\$.01 Par Value Common Stock										3,500	D			
S.01 Par Value Class B Stock										875	D			
Pamindar Panort on a caparata lina for each class of securities b														

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(Over) SEC 1474 (9-02)

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FORM 4 (continued)	Table II ½ Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/ Day/ Year)	3A. Deemed Execution Date, if any (Month/ Day/ Year)	4. Transaction Code (Instr.8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Deriv- ative Secur- ity	of deriv- ative Secur- ities Bene-	10. Owner- ship Form of Deri- vative Security:	11. Nature of Indirect Benefi- cial Owner-
				Code	V	(A)	(D)	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	(Instr. 5)	ficially Owned Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	ship (Instr. 4)
Option*	\$15.24							04/26/02	04/26/11	\$.01 PV Com Stk	7,700		7,700	D	
Option*	\$15.24							04/26/02	04/26/11	\$.01 PV Cl B Stk	1,925		1,925	D	
Option*	\$12.70	01/25/02						01/25/03	01/25/12	\$.01 PV Com Stk	8,800		8,800	D	
Option*	\$6.62	01/24/03		A	v	25,000		12/24/03	01/24/13	\$.01 PV Com Stk	25,000		25,000	D	

Explanation of Responses:

^{*} If the form is filed by more than one reporting person see Instruction 4(b)(v).

^{*}Options granted pursuant to Stock Option Plan

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

/s/ C. Anthony Rider

**Signature of Reporting Person

January 27, 2003 Date

C. Anthony Rider

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